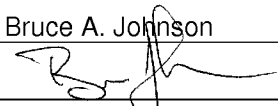
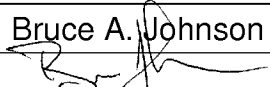


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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		<b>Application Number</b>	09/933,571
		<b>Filing Date</b>	8/20/2001
		<b>First Named Inventor</b>	Hoppes, Brian R.
		<b>Group Art Unit</b>	2611
		<b>Examiner Name</b>	GHEBRETINSAE, TEMESGHEN
<b>Total Number of Pages in This Submission</b>	11	<b>Attorney Docket Number</b>	74035.P0006

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request of Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
Remarks: Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to deposit account number 50-3864 (Johnson & Associates).		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Johnson & Associates Bruce A. Johnson <b>Customer Number 30163</b>
Signature	
Date	June 26, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
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